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ABSTRACT

This study sought to identify characteristics of counselors and counseling services that are important in the selection of a counseling service. Subjects (N=28) were recruited through a newspaper advertisement and through mall intercepts. The screening criteria were designed to locate potential or previous counseling service consumers whose educational backgrounds and income would place them in the middle or upper-middle class. Respondents were interviewed in group and individual sessions. Results showed that consumers of counseling services wanted immediate, professional, expert help at convenient hours, and at a location close to home. They were willing to see social workers who had specific expertise, and were willing to pay for services. Consumers wanted continuity of care from initial contact, and after-hours access to counselors. A broad range of service options was desired. Consumers wanted to choose their counselor, define their own needs, and decide on the focus of service. Privacy was critical and location in a professional office building was the predominant choice. Consumers wanted the counseling staff to have diverse expertise, and to be adult, good listeners, warm, and very sensitive to clients. Credentials were generally thought to be less important than therapeutic effectiveness. (ABL)

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Desirable Characteristics of a Counseling Agency

Report on a Focus Group Research Study for the Center for Human Services

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September 23, 1986

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CONTENTS

Acknowledgements 1

Background 1

Objectives 2

Method 2
Sample Characteristics 3
Setting 3
Procedure 4
Analysis 5

Findings 5
The Process of Finding Help 5
The Range of Problems 5
The Potential Client 6
Selecting A Counselor 6
Reducing the Stigma 6
The Initial Contact 7
The First Contact and the Return Call 7
The Importance of Choice 7
Qualities of the Counselor 8
Important Aspects of Service 9
Hours 9
Availability of Counselors 9
Range of Services Offered 9
Fees 10
The Counseling Environment 10
Location and Type of Setting 10
Office Arrangements 10
Decor 11
Comfort 11
Privacy 11

Conclusions 11

Recommendations 12

Appendix A:Focus Group Mental Health Screener 15

Appendix B:Consent for Taping 17

Appendix C:Scheduled Respondent Demographic Profiles 18

Bibliography 19

TABLES

1. Focus Group Concerns 4

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BACKGROUND

The Center for Human Services, a large multifunctioned nonprofit social service agency has provided counseling services to the residents of East Cleveland for many years. In recent years the community has changed its demographic profile to one of a predominantly low income and minority population. the staffing pattern service delivery system has not changed as radically as has the community, resulting in a decrease in the amount of service delivered at that site. Not only are fewer clients coming for counseling but the self pay clients are diminishing.

The agency intends to maintain a service location in East Cleveland to adapt the services to meet the needs of the existing population. At the same time the service would like to extend itself into the Eastern suburbs to a self pay clientele through a satellite office. This qualitative research project was undertaken to explore with residents of the Eastern suburbs who might seek counseling those factors that would influence the selection of a counseling service.

OBJECTIVES

- To identify characteristics of a counselor that are important in the selection of a counseling service:
  - Personal Characteristics
  - Professional Characteristics
- To identify the relative importance of other service delivery factors that affect selection selection of a counseling service:
  - Confidentiality
  - Responsiveness
  - Accessibility
  - Issue of Choice
- To identify the kind of facility that has most appeal to counseling clients
- To identify possible locations for a counseling service in the eastern suburbs
- To determine importance of fees and relative ranges of fees clients would be willing to pay for counseling
- To explore other related issues that surface during the discussion

METHOD

Respondents were recruited through an ad placed on the cover of a neighborhood weekly (yielding one respondent) and through mall intercepts (remainder of sample). The screening criteria were designed to locate potential or previous counseling service consumers whose educational backgrounds and income would place them in the middle or upper-middle class. A social, religious, and age group mix was sought, reflective of the potential East suburban counseling consumer group (see Appendix A).

Sample Characteristics

Of the 31 respondents recruited, 28 appeared for the interview. The no-shows included one man and two women, all for the 8:00 PM group. The 6:00 PM group contained eight women and three men. The 8:00 PM group there were seven women and two men. The seven individual interviews Tuesday were all women. The total was 28 respondents in all.

All respondents had had direct counseling for themselves, or had a family member who had had psychiatric treatment or counseling, either privately or from an agency or clinic. As a generalization, most of the sample were articulate and experienced mental health consumers.

Nearly all of the respondents were employed part-time or full-time. In other respects the respondents were a middle class, adult group, the majority being 25 to 50 years of age.

The majority of the respondents were married. The majority had completed at least some college. The group was nearly all White and the only non-white ethnic group represented was Black. There were approximately equal numbers of each major religious group, with Jewish slightly more, and Protestant slightly less. Three of four respondents were in the middle income group. For complete details see Appendix C.

Setting

The interviews were conducted at Market Research Services, 13426 Cedar, Cleveland Heights, Ohio. The focus group sessions took place July 28, 1986, 6:00 - 7:50 PM, and 8:00 - 9:50 PM. Individual sessions were held July 29, 1:00 - 7:00 PM, with sessions varying in length from 20 minutes to 55 minutes, with an average of 40 minutes overall.

The interview setting was a large group room with a conference table, two-way viewing mirror, wired for audio tape recording.

Procedure

Respondents were welcomed to the study, given a brief oral introduction, a written list of concerns (Table 1), and asked to sign a release for audio taping (See Appendix B).

Table 1: Focus Group Concerns

MARKET RESEARCH STUDY
Focus Group

List of Concerns to be Discussed

What sort of problems would cause a person to seek counseling help?

What sort of person would be most likely to seek counseling?

Once the need for counseling has been identified, how would one begin the search for help?

What qualities would one look for in a counselor?

What type of office setting would be preferable for the provision of counseling services?

If a person were seeking counseling, what days or hours would be most desirable?

what sort of services would be most desired - individual counseling, group counseling or family counseling?

What range of fees would a person be willing to pay for counseling help?

Would the amount a person is willing to pay vary with the qualifications of the counselor?

What other factors should be considered in providing a counseling service to persons living in the eastern suburbs?

The interviews were then conducted in a flexible format, with promising discussion areas being followed up as the interest indicated. Respondents were encouraged to expand their ideas, and to include everything they might consider important, not necessarily staying within the concerns listed if something else occured to them.

Following the 6:00 PM focus group, and based upon information gathered from the earlier sessions, two additional topics were investigated. First, how important is it to have the same professional handling the individual telephone call, the intake appointment, and the continuing counseling (e.g., continuity of care)? Secondly, once a potential client has called, how soon should the agency return the call, and how quickly should the client be seen for the first appointment (response time)?

Analysis

The focus groups and individual interviews yielded qualitative, not quantitative, findings. These consist of opinions and ideas which were expressed and endorsed with varying degrees of intensity and with varying levels of agreement.

Using observers' notes from the focus groups and by reviewing tapes of the individual and group sessions, themes and ideas were collected and organized by topic. The presentation of the findings which follows is an attempt to convey both generally expressed convictions as well as specific ideas relevant to the topic under discussion.

FINDINGS

The Process of Finding Help

The Range of Problems: *Family Problems* were most frequently mentioned, including marital conflict, divorce, remarriage, problems with adolescents (including drug use), in-law difficulties, and difficulties with elderly parents. *Emotional Problems* included depression, anxiety, loneliness, personal losses, grief, coping with stress, and feelings of rejection. *Self-related* issues such as identity, self image, personal goals and coping with change were cited. Job and career counseling were mentioned by three participants. *Substance abuse* including alcoholism and drug use, both in the participants themselves and in family members, were mentioned in both groups, and by two individual respondents.

Health-related emotional problems, particularly the need for support in chronic illness, was mentioned by four respondents.

The Potential Client: Respondents responded to the question "What sort of person would be most likely to seek counseling?" with an obvious but somewhat surprising insight: the counseling client is someone who knows he can be helped through counseling and finds it personally acceptable to receive help.

Both groups and two individuals were vigorous in the subsequent discussion of the *stigma attached* to receiving counseling help, and they generated a number of suggestions for addressing what most felt to be a critical issue in counseling services.

Selecting A Counselor: In descending order, the sources of referral mentioned were *professionals*, including physicians, clergy, school administrators, medical clinic personnel; *word of mouth*, particularly friends and social acquaintances; *Yellow Pages*, and newspapers. A local TV advertisement for a drug and alcohol treatment center was singled out for special praise for both combating stigma and publicizing a service.

Reducing the Stigma: Although it was not a specific item on the list of concerns, both focus groups and two individuals spent considerable energy in addressing the problem and ideas for correcting the stigma attached to counseling services. *Education* including community presentations was stressed. Using the mall site for such activities to "normalize" the topic was recommended by one respondent. *Publicity* was also recommended especially television ads and newspaper items. The most endorsed sentiment expressed was to combine both publicity for services with a normalizing or destigmatizing message repeated frequently.

The Initial Contact

The First Contact and the Return Call: Respondents commented that it is very difficult to make the first contact; what happens immediately thereafter is *extremely* important.

- When a person calls a counseling center how quickly should their initial call be returned? Answers were *unanimous* that the call should be returned the same day, with recommended response times being 30 minutes to two hours, or the same day.
- When a person calls a counseling center should the call be returned by a professional or an intake worker? Most respondents would prefer the professional. There was general agreement that whoever returns the call should be able to asses the immediacy of the need to be seen.
- If a person is in a crisis or serious trouble how soon should they be seen for their first appointment? Answers ranged from one to two days (this was asked in one focus group).
- Would a person seeking counseling prefer to have an initial intake interview and then be referred to a counselor, or to continue with the professional that they see for the first appointment?

  There was some diversity of views on this issue. Two people thought that an immediate intake interview (within two days) followed by assignment to a counselor was acceptable. The majority preferred to "only tell their story" once. In the second group, the recommendation for a telephone screening, followed by assignment to an appropriate specialist (marriage counselor, for example) would be desirable. There was general feeling expressed that a bureaucratic process is not desirable when a person calls for help; the less red tape the better.

The Importance of Choice: It emerged in the 6:00 focus group, and was followed up more specifically in the 8:00 group and in individual interviews that *choice* is one of the

key variables in pleasing counseling consumers. Clients want to *choose* their *therapists*, they do not want to be assigned. They want to *choose* whether they will be *tested*, to *choose* the modality (e.g., marital, individual), to *choose* the methods (e.g., behavior modification for phobias), and to *choose* whether the counseling will be problem-focused ("answers, feedback") or exploratory.

Asked whether they would prefer an intake method which would label the initial session a "consultation" after which the person could opt either to continue with the initial therapist or request to see another therapist without penalty, most of the respondents in the 8:00 PM group indicated that they thought some such procedure would be preferable to having to quit if "the match wasn't right".

Qualities of the Counselor:

The personal qualities desirable in the counselor were a capacity to *listen* with sensitivity, *compassion*, warmth, a non judgmental and nonauthoritarian attitude and, the *capacity to relate* to the person. Professional qualities cited included *expertise* in a particular area, *practical experience* including peer counseling (e.g., with alcoholics), and a knowledge of one's own professional limitations. In both groups the desirability of a *varied* professional staff was mentioned, in terms of specific expertise in problem areas or in a method (e.g., substance abuse or family therapy). Two respondents mentioned the importance of being able to receive medication from a psychiatrist in the same location as the counseling services. Other than on this issue of medication, the professional credential *was not* felt to be important, with therapeutic skills and specific expertise being much more salient.

Regarding such personal counselor characteristics as race, religion, or sex, respondents said that these were not important, although they *would* prefer to choose. Respondents varied on their reactions to the age and experience issues, with all respondents preferring

adult, at least somewhat experienced, counselors. Two older women respondents indicated their preference for someone close to their own age; one young adult (early 30's) woman would select a therapist close in age to herself.

Important Aspects of Service

Hours: These respondents were workers. They clearly preferred counseling hours which would not conflict with their employment. Recommended schedules were evenings (5 - 10 PM), late afternoons (3 - 9 PM). early mornings (7 - 9 AM), Saturdays and Sundays.

Availability of Counselors: Problems do not cease at closing time, according to several respondents. Two who have private therapists cited their relief at being able to reach their therapists at any hour day or night, a privilege they said they had never abused. Other respondents, concerned for not wearing out their therapists, suggested that *someone should always be on call*; perhaps the staff could rotate this responsibility, they suggested. Everyone agreed that constant coverage was important. One respondent, whose problem was an explosive marital situation, thought crisis intervention should be available around the clock.

In the 6:00 group one member suggested that staff should make *home visits* when necessary. In discussion of this idea all members seemed to agree that such a service would be ideal, but several worried about the safety of the counselors who would go into people's homes.

Range of Services Offered: Respondents seemed to view this question as obvious, and their answers were nearly identical: the range of services should be broad, including individual, marital, family and group methods. Likewise a diversity of expertise was broadly endorsed. One respondent mentioned child therapy as important, and suggested the use of arts and mime techniques. Situational support groups were suggested (e.g., Altzheimer's family support groups). Several respondents suggested advertising the exact services available. Crisis availability was stressed.

Fees: Responses regarding desirable fees for service varied by income level of the respondent and, by recent experience with mental health professionals. Respondents *were* willing to pay for high quality service, but their estimates of cost tended to be unrealistically low. By profession, the ranges suggested were $35-40 for social workers, $40-75 for psychiatrists, and psychologists' rates would fall between. Thus, respondents thought there should be a professional fee hierarchy, but also that expertise, specialization, and effectiveness should enter into the fee. There was universal endorsement of the sliding scale idea. Everyone should pay something; everyone should be served. Groups should cost less than individual sessions; maybe family treatment should cost more.

The Counseling Environment

Location and Type of Setting: Most respondents preferred a location for counseling within a driving distance of twenty minutes or 10 miles from their homes. Two said they would go any distance for competent help. Several White respondents mentioned specific locations: Mayfield, Coventry, Brainard, Chagrin. The two Black respondents mentioned Shaker Heights and Cleveland Heights.

Several respondents thought *busy* suburban locations would be preferable, with public transportation. A sense of *safety* and comfort was stressed. Location in a large professional building (most endorsed) or shopping mall (two respondents) would provide anonymity and convenience. Employed respondents stressed their discomfort with being seen or recognized, or having their cars spotted outside a counseling agency. Several (3) married women respondents preferred a converted house or old mansion, and were less concerned about being recognized.

Office Arrangements: Respondents wanted *privacy*. There should be no large waiting rooms; private waiting rooms are better. Separate entrances and exits should be arranged if possible and confidentiality should be stressed. Clients should be seen promptly at the

time of their appointments. Perhaps appointments should be staggered so people would not meet each other. One respondent suggest that there be no receptionist, pointing out that most private practitioners make their own appointments; that no one else is necessary.

Decor: Decor should be informal; the decorating style should be eclectic and should reflect a diversity of tastes. It should be neither overly cheerful nor overly drab. There should be a waiting area appropriate for children, with a child therapy room to match. The decor should have a sense of permanence, not the rented furniture look of a fly-by-night operation. Offices should have comfortable chairs, and no one should sit behind a desk. "It should feel like a living room".

Comfort: Comfort was stressed by many respondents. Coffee should be available in the waiting area. Magazines should be interesting and current ("no National Geographics"). The environment should be free of distractions, especially noise, and extremes of temperature or humidity. Lighting should be warm and soft.

Privacy: Respondents stressed the need for privacy. Sound proofing should be total. As mentioned previously, respondents generally prefer not to see anyone entering or leaving, and do not want their cars identified. The more private the better.

CONCLUSIONS

These consumers of counseling services want immediate, professional, expert help at convenient hours, close to home. They are willing to see social workers who have specific expertise, and are willing to pay for services, but at a lower rate than the agency now charges the middle class client. Consumers want continuity of care from initial contact, and after-hours access to counselors. They want a broad range of service options.

They want to decide and choose their counselor, define their own needs and problems and decide on the type and focus of service. A safe and middle-class professional environment is important, and privacy is critical. Location in a professional office building was the predominant choice. Publicity efforts should be ongoing, and should be aimed towards education and the reduction of stigma attached to seeking help for problems. The counseling staff should have diverse expertise, be adult, be good listeners, warm, and very sensitive to clients. Aside from the staff psychiatrist, the credentials of the counselers are less important than their therapeutic effectiveness. A range of programs and specificity of treatment methods to the problems addressed was widely endorsed as desirable.

RECOMMENDATIONS

The opening of a new satellite office is an opportunity to experiment with innovation. By using this setting as a laboratory, experimental approaches could be initiated and then implemented in other offices if proven successful.

Previous assumptions and models may need to be vigorously reexamined. Specifically, is the counseling function most compatible with a social service agency organizational framework, or as a clinical service more closely akin to a medical facility? Professionals, including social workers, speak of treatment based on assessment and diagnosis. Standard texts[1] promote specialized clinical competencies as a standard for social workers in counseling and psychotherapy. A recent study of the 1983 curricula of MSW programs found 83% of the sample teaching the DSM III to master's level social workers.[2] The most recent Council on Social Work Education standards require that the second year be devoted

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[1] See, for example, the Third Edition of *Differential Diagnosis and Treatment in Social Work*, edited by Francis J. Turner, The Free Press, 1983.

[2] This statistic comes from "DSM III Content in Social Work Curricula: Results of a National Survey", by Paul R. Raffoul and Karen A. Holmes, *Journal of Social Work Education*, *22*, *1*, Winter, 1986, p 27.

to specialized training for the intended area of practice.

These facts are cited here in support of the idea that the assumptions and services of a counseling service are in fact more closely related to a health care model organizationally, than to a general social agency.

Following this logic, such an office might best be run by a health care manager.[3] The manager ought to have broad latitude to experiment with staffing and program ideas. Criteria for evaluation should be utilization of services, and cost. Perhaps the office could be run as a group private practice, with many part-time professionals with specific training, working on a percentage-of-fee basis. Expert staff could be employed solely on an as-needed basis, working part-time early mornings, evenings, and weekends. Publicity should be vigorous, expert and ongoing.

A new organizational environment could be created in this satellite. Financial incentives, a variety of program activities and services, and recognition of individual clinicians as expert may enhance motivation. In addition to a health care manager with freedom to innovate it may be desirable not to transfer existing personnel from older offices, since staff attitudes and assumptions can discourage a more positive climate.

In an era of sophisticated mental health care consumers, the Center for Human Services must adapt to the desires of the middle-class or lose this clientele.

The respondents in this study know what their private counseling dollars will buy. To build a thriving middle-class practice, the agency must effectively combine the advantage of private practice arrangements with the many benefits that a competitively managed

[3] Thomas J. Kane argues convincingly for superiority of professional managers over the clinician as manager in community mental health services. His chapter contains a number of interesting bibliographical references relevant to this issue. See Chapter 6, "Administration", in *Social Work and Mental Health*, edited by James W. Callicutt and Pedra J. Lecca, Free Press, 1983, pp. 97-128.

full-service family counseling center could potentially provide.

APPENDIX A:FOCUS GROUP MENTAL HEALTH SCREENER

G5306C FOCUS GROUP MENTAL HEALTH SCREENER

IF RESPONDENT ANSWERED SUN PRESS AD:

Hello, ----------I'm from Market Research Services. We are calling you because you answered the advertisement we placed in the Sun Press concerning a mental health survey we are undertaking for a client. Our client is a social service agency which has provided counseling services In Northeastern Ohio for a number of years.

SCREENING RANDOMLY/NAME BANK

Hello, this is ---------- from Market Research Services. We are conducting a mental health survey for a social service agency in Northeastern Ohio.

We are trying to find out through this study, what people want and need in the way of counseling services. Our goal is to provide new services in a new location.

May I ask you a few questions?

1. Have you ever thought about getting counseling help for a personal or family problem?

   Yes ..... No .....

2. Did you ever go for counseling help? Yes ... No ...
   IF NO TO Q.1 & Q.2 - THANK & TERMINATE
   IF YES:

2a. Where did you go for this counseling? .....

2b. What kind of person provided this service? .....
   (psychiatrist, psychologist, social worker)

2c. Do you feel your were helped by this counseling?

   Yes.... No ....

IF RESPONDENT HESITATES OR SEEMS UNEASY, SAY "YOU DO NOT HAVE ANSWER ANY OF THESE QUESTIONS IF YOU FEEL THEY ARE TOO PERSONAL" (DO NOT GET TOO INVOLVED AT THIS POINT)

2d. What kind of problem did you have when you sought help?
   (marital, drug, personal anxiety)

   .....

   IF NO:

3a. What kind of problem do you feel you could use some counseling for?

   .....

4. Into which of the following age groups do you fall....

Under 21	41 - 50 .....
21 - 30	51 - 60 .....
31 - 40	Over 60 .....

5. Are you married .... single .... divorced/separated ....

6. What was the last year of school you finished....

Did not finish high school ..... Some College ....
High School graduate ..... College Graduate....

7. What do you consider your ethnic background? .....

White ..... Black ..... Other .....

Are you ..... Catholic .... Protestant ..... Jewish ....

8. Are you currently employed? YES .... NO ....

9. Is your total family income .....

Under or over $ 20,000 per year? OVER ..... UNDER ....(TERM)
Is it under or over $30,000 per year? OVER ... UNDER ....
Is it under or over $40,000 per year? OVER ... UNDER ....

We are planning to conduct a study to obtain opinions and attitudes using a group discussion method. Would you feel comfortable talking about your ideas about counseling in a group?

YES .....(INVITE TO ATTEND) NO ....

(IF RESPONDENT ANSWERS NO OR IS UNCERTAIN)

Would you be willing to discuss the subject with only one interviewer?
YES ..... (INVITE TO ATTEND) NO ....(THANK & TERMINATE)

As a token of our appreciation you will receive $25 cash.
We will be meeting at:

MARKET RESARCH SERVICES OFFICES
13426 Cedar Road (just west of Taylor Rd)
MONDAY, JULY 28, 1986
6:00 p.m. - 8 p.m. ..... (light supper)
8:00 p.m - 10 p.m. .....
OR
1 OR 1'S ON TUESDAY, JULY 29, 1986
1 P.M. - 8 P.M. FOR 1 HOUR EACH.

NAME .....TELE#.....

ADDRESS ..... ZIP.....

MALE ..... FEMALE .....INTERVIEWER ..... DATE.....
WE MUST HAVE A GOOD DEMOGRAPHIC MIX AND RESPONDENTS MUST BE ABLE TO COMMUNICATE, HAVE NO LANGUAGE BARRIERS AND BE FAIRLY ARTICULATE. MUST BE A RESIDENT OF OF EAST SIDE OF CLEVELAND.

APPENDIX B:CONSENT FOR TAPING

MARKET RESEARCH STUDY
FOCUS GROUP

CONSENT FOR TAPING

Permission is being requested for the audio taping of today's focus group session. The tape will be used only for the purpose of market research with no individual person being identified. After the information from the tapes has been summarized the tapes will be destroyed.

If you do not object to the tape recording of this session kindly indicate your consent by signing your name below.

I consent to the audio tape recording as explained above.

Date _____ Name _____

APPENDIX C:SCHEDULED RESPONDENT DEMOGRAPHIC PROFILES

	6 PM Group	8 PM Group	Individuals	Summary
Age:				
21-30	2	4	1	7 23%
31-40	3	5	5	13 42%
41-50	3	2	1	6 19%
51-60	4	1	0	5 16%
Marital Status:				
Married	8	6	3	17 55%
Single	1	4	1	6 29%
Divorced	3	2	3	5 16%
Education:				
Not HS Grad	1	0	0	1 3%
High School	1	3	0	4 13%
Some College	5	6	4	15 48%
College Grad	5	3	3	11 36%
Race:				
Black	0	0	2	2 6%
White	12	12	5	29 94%
Religion:				
Catholic	3	5	2	10 32%
Protestant	4	1	2	7 23%
Jewish	5	6	3	14 45%
Employment:				
Employed	11	10	6	27 87%
Unemployed	1	2	1	4 13%
Family Income:				
< 20,000	1	1	0	2 7%
20-30,000	8	3	3	14 45%
30-40,000	3	4	1	8 26%
> 40,000	0	4	2	6 19%
No Response	0	0	1	1 3%

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